

Brian K. Krolicki
State Treasurer

Susan K. Moore
Director



Kenny C. Guinn
Governor

**GOVERNOR GUINN
MILLENNIUM SCHOLARSHIP PROGRAM**

CHANGE OF NAME REQUEST

I, _____, request the change of my name from _____,
to _____, as of this date _____.

New address: _____
(if applicable)

City State Zip Code

MSID# _____ **OR SSN#** _____
(Millennium Scholarship ID Number)

Student's Signature _____

***Be sure to include supporting legal documentation for the name change. Example:
copy of your marriage certificate or legal documentation stating new change of name.**

**Forms must be attached in order to process change. If you have any question please contact
The Governor Guinn Millennium Scholarship Office at (702) 486-3383 or toll free at (888) 477-2667.**

Office of the State Treasurer
555 E. Washington Avenue • Suite 4600 • Las Vegas, Nevada 89101
Telephone (702) 486-3383 • Facsimile (702) 486-3246
Website: <http://NevadaTreasurer.gov>